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are required to respond to a collection of information unless it contains a valid OMB control number. Under the Paperwork Reduction A Complete if Known Substitute for form 1449A/PTO 09/842,787 **Application Number** INFORMATION DISCLOSURE 04/27/2001 Filing Date BARKAI, SHARON STATEMENT BY APPLICANT First Named Inventor Group Art Unit 2163 2005 (use as many sheets as necessary) **Examiner Name Attorney Docket Number** of 1069-US Sheet

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Substitute for form 1449A/PTO **Application Number** 09/842,787 INFORMATION DISCLOSURE Filing Date STATEMENT BY APPLICANT First Named Inventor **Group Art Unit** (use as many sheets as necessary)

04/27/2001 BARKAI, SHARON 2163 2005 **Examiner Name** Attorney Docket Number 1069-US

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